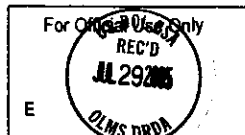


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4147</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Wayne</u> <u>M</u> <u>Perleberg</u> P.O. Box, Bldg., Room No., if any Street <u>511 Raymond Ave.</u> City <u>Albert Lea,</u> State <u>Minnesota</u> ZIP Code + 4 <u>56007</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local Union #160</u> Labor Organization File Number <u>046080</u> P.O. Box, Building and Room Number, if any Street <u>11 - 4th St. SE</u> City <u>Rochester</u> State <u>Minnesota</u> ZIP Code + 4 <u>55904</u>
5. Position in labor organization. <u>Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. <u>Nothing to report.</u> 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Wayne Perleberg</u>	On <u>7-22-05</u> Date	<u>(507)-288-6577</u> Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Zenith Administrators Inc.</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 325</u></p> <p>Street <u>2520 Pilot Knob Rd.</u></p> <p>City <u>Mendota Heights</u></p> <p>State <u>Minnesota</u> ZIP Code + 4 <u>55120</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Minnesota Teamsters</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 325</u></p> <p>Street <u>2520 Pilot Knob Rd.</u></p> <p>City <u>Mendota Heights</u></p> <p>State <u>Minnesota</u> ZIP Code + 4 <u>55120</u></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; background-color: #f0f0f0; margin: 5px;"></div> <p>11.b. Approximate dollar value of such dealing. <u></u></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>Reimbursement for LFEBP expenses</p> <p>1/2 Teamsters Pension Fund</p> <p>1/2 Teamsters Health & Welfare Fund</p> </div> <p>12.b. Amount. <u>1954.00</u></p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; padding: 10px; height: 150px; background-color: #f0f0f0; margin: 5px;"> <p>Nothing to report.</p> </div>
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<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <u></u></p>
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GENERAL DRIVERS, HELPERS, WAREHOUSEMEN AND INSIDE EMPLOYEES

Affiliated with The International Brotherhood of Teamsters

Local Union No. 160

507/288-6577

11 Fourth St. S.E.

ROCHESTER, MINNESOTA 55904



The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Wayne Lesberg
Signature

7-7-05
Date